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| Alberta | 22e  | 4e  | Remarques préliminaires à l'étude des crédits | 12 mai 1992 | Mme Nancy Betkowski | Ministre de la Santé | PC |

**Mrs. Betkowski:** Thank you, Mr. Chairman. I would like to give a few opening remarks and outline the really tremendous work that's going on in Alberta to make the health delivery system more effective in partnership with health providers. May I say at the outset that it's an honour for me once again to present the estimates of the Department of Health to this Assembly.

People in this House and people outside of this House ask me how I can stand being the Minister of Health, and they suggest to me that perhaps it would be nice to get another portfolio or to do something different in government than be Minister of Health. I just want everyone in this Assembly to know that there is no other portfolio I would rather have than the Health portfolio. I feel I've learned an awful lot in three and two-thirds years. I know a lot more tonight standing up to deal with these estimates than I knew when I first stood in April of '89 to do my first set of estimates, and I truly can say without equivocation that I love my job. So in case there's any doubt, let me put that on the record.

Part of the reason I feel so honoured to be Minister of Health is because of the competence that surrounds me. There are members of the Department of Health here tonight, although not all of the people in the gallery are from the Department of Health, I hasten to add. Let me first introduce, certainly, the deputy minister, Rheal LeBlanc, and also introduce some people, some of whom are here, some who are not, who are the backup to the deputy minister in the Department of Health and are the real backbone and competence in the department. I mention specifically Don Philippon, the associate deputy minister; Aslam Bhatti, the deputy minister of finance and administration; Cecilia Lord, who is our assistant deputy minister of research and planning; and Steve Petz, the newest on our management team who is the assistant deputy minister of public health. I mention these people not to single them out but simply to outline that they and all of the members of the Department of Health make my job a whole bunch more productive, a whole bunch more satisfying because of the work they do for this province. Also seated in the gallery tonight from the department are Peter Hegholz and Rhonda Stevenson and Darrell Osbaldeston from my own office, and I thank them for all the work they've done to prepare me for this evening.

As well in the gallery, Mr. Chairman, I want to note the presence of Dr. Fraser from the Alberta Medical Association and other members of the AMA; members from the Alberta Healthcare Association, Lucille Moyer, the chairman, and senior officials with the association; from the Health Unit Association I think I see Sharon Kalinka and other senior people from that association; Alberta Association of Registered Nurses, Ms. Smith and Ms. LeBlanc; and I welcome them here and thank them very much for coming.

Nineteen ninety-two budget estimates represent clearly the commitment of this government to the health of Albertans. The budget demonstrates our resolve to make '92-93 a year of opportunity for our health system, and I want to acknowledge many of my colleagues in other departments who have had to make major sacrifices for government in order to show such a commitment to health. To those colleagues and to those departments I say thank you. Despite major reductions in resource revenue, as a government we have provided a generous increase of 4.2 percent to health.

In the early 1980s the health sector consumed 20 percent of available program expenditures in Alberta. In this current fiscal year health expenditures account for 30 percent. This trend and this rate of growth in one short decade cannot continue. We must live within our means. To ensure that we manage our way through the present fiscal realities, the Treasurer has laid out a plan for us as a government to provide fiscal balance. It involves both legislative spending limits and balancing the budget over the next five years. To accomplish this is not going to be easy, and it will require fundamental reform in the health system. This government will not shy away from the tough choices that we know we're going to have to be making, and as Minister of Health I realize that there are no quick fixes in health and no easy solutions, nor will I shy away from the tough choices that must be made.

Often I'm asked why we are pushing so hard to control costs, pushing as a government, pushing as a Ministry of Health. Do we have a choice? Yes, we always have a choice. Choice is fundamental to humanity. However, our choice comes down to: do we want to struggle a bit now or struggle a whole bunch more later? Do we want to deny a problem exists? Do we want to avoid the tough decisions and leave some at this point faceless Albertan with the problem in the year 2000? Well, that faceless Albertan is our children and their children, and nothing will close off their opportunities and the choices that they want to make faster than our undisciplined spending and their debt burden will. So make no mistake, Mr. Chairman, we are making choices.

Maybe you'll lose the next election, some say. Maybe you're going to cut too deep. Maybe people won't like some of the choices you make. That's true, Mr. Chairman. Those may well be the outcomes, and those things may well happen, but when I look back on the spring of 1992, May 12, I will know that we didn't avoid the decisions, we didn't deny the choices. We did the right thing, we did the responsible thing, and in the end we will know we did our very best to ensure that our health system carries on. We'll be able to look those children right in the eye when we are senior citizens with gray hair, and we'll be able to know that our tough decisions today were worth it. That is the commitment of this government, that is the commitment of this minister, and that is the legacy and the only legacy that I seek.

We are pulling together Albertans to help us make the decisions, and I believe that solutions must ensure local responsiveness to community needs but must be in the context of the most effective utilization of resources on a regional and provincial basis. We don't have a lot of time. We do have one full year, this year of opportunity, and our plan is in place. We've set up processes of reform in this province that will allow us in partnership with health providers and all Albertans to live within our means while maintaining the principles of health services which Albertans have come to cherish.

On Friday last I spoke at a meeting of provincial health associations, a meeting which, I might add, was convened by the associations themselves to discuss the role statement process and how they might collectively define the future for health services in this province. They are very aware of the fiscal realities facing the health system in Canada, and they have risen to the challenge of health system reform in partnership with each other and with government. I am so proud to be associated with leaders, some of whom are represented here tonight in this Assembly.

Yesterday I spoke at our provincial conference on health goals. It was an historic occasion because I don't believe such a broad range of groups has ever been assembled before to deal with one specific issue: groups as diverse as the CNIB, the Alberta union of public employees, the family and social services association, health groups from all over Alberta, groups which really haven't been able to come together and look at what it is we want to accomplish in our health system and then figure out how. As the Minister of Health for this province I'm delighted with such a diversity of individuals focusing their attention on an issue so important to me, so important to this government and this Legislature, and so important to Albertans. We are all looking for long-term solutions. We're setting priorities. We're charting a course for the future.

I believe the process that we have set for reform in Alberta will allow changes to be the right changes and to be long lasting. We must all be partners in reform. We must own responsibility for the future. I believe that health providers and individual Albertans care about the sustainability of the health system and are not prepared to be just bystanders as the health system is reformed.

We're not the only ones looking at health reform. All across this country provincial governments are having to examine their health systems to determine what needs to change in order to sustain them over the long term. Discussions amongst health ministers are all about the same issues. The issues are: what can we do in our province? What can we learn from you in your province in terms of how we can sustain our health system?

I believe that an accessible, affordable Canadian health system clearly expresses some fundamental Canadian values. I also believe that the relationship between health care providers and patients involves much more than just supply and demand. The Canadian health system and the principles upon which it operates have proven to be the most just and the most effective way of delivering services. We see basic health services for those who need them as a right of citizenship, not as a charity, not as a special privilege, and it is a crowning achievement of our nation. In Canada we spread the risk to ensure that every Canadian need not fear financial ruin when they are ill, and though some would argue, I would say it is a benefit, not a deterrent, to Canadian economic competitiveness.

So when we ponder other health systems around the world, it frustrates me, frankly, when individuals who like to think of themselves as economic experts contend that we cannot afford our health system. My response is, “We can't afford not to have our health system if we are going to compete in a global economy.” We can afford it if we are truly concerned about the vitality and the future of our country. We can afford it if we are concerned about the ability of our health workers to compete in a global economy.

Let's look at some of those other systems. The American congressional general accounting office has estimated the administrative savings which would result from the Canadian model of health delivery in the U.S., some $67 billion annually. If that were to be spent on health, then every American would be insured and insured fully. The duplication of administrative services results in American administrative costs being about five times per capita more than in the Canadian system. What a waste. The Canadian model is not without its imperfections. However, by comparison I believe the principles are sound, not only from a care delivery perspective but from an economic viewpoint as well. All that is needed, Mr. Chairman, is the resolve to live within our means.

Health issues are given prominence and focus in each of the provincial Legislatures. I met with some Senators from the United States recently, and they couldn't believe our political system would set up individuals as critics of the government on a daily basis. Well, I told them that I couldn't believe that a modern western democracy would permit individual citizens to fall to financial ruin in order to ensure that private insurance companies continue to operate.

Do we spend an appropriate amount of our gross national product on health in Canada? Should we spend more? It's a valid question. However, eight royal commissions across Canada have said that the health system is not underfinanced, Mr. Chairman, it simply needs to be better managed: better management for better health. We're taking steps to better manage nationally, and let me tell you that Alberta is a major player in national reform.

In January I hosted a meeting of ministers of Health in Banff which resulted in a national action plan on physician resource management. As well, let me blow our horn a little bit. Alberta chairs the National Health Information Council, Alberta chairs the national Advisory Committee on Institutional and Medical Services, Alberta chairs the Canadian Blood Agency, and Alberta chairs the federal/provincial advisory committee on AIDS. You don't get that kind of national recognition and national leadership without the kind of competence I spoke about earlier that exists in our own public service.

Alberta funding reforms in long-term care and acute care are recognized as models nationally. We have to reform. The first ministers of all the provinces recognize this too. At a recent First Ministers' Conference on the Economy Health ministers were directed to speed up the reform process. That is the urgency that's pushing us. Following this directive, ministers of Health and Finance will be meeting in June to examine the major cost drivers in health and the ways to accelerate reform in order to deal with our health system. There are a number of major cost drivers in health that require attention and scrutiny. Pharmaceutical costs, capital costs, unnecessary diagnostic tests, unnecessary surgical procedures are some of the areas that must be examined and examined closely. Reform process across Canada is taking different approaches. In Alberta we have chosen to take a course which emphasizes partnership with health providers in reforming the system. I believe that the role statement process is perhaps the most important undertaking in health right now. On Friday when I spoke at the health agencies forum, I described the various sectors as pieces of a jigsaw puzzle that we're trying to reshape and bring together, making adjustments, recognizing gaps in order to form one big picture.

This is a year of transition. This is a year of opportunity. In this year of transition we have accommodated a healthy increase through the 4 percent general grant increase to health organizations. Frankly, Mr. Chairman, and as I told the agencies on Friday, I don't anticipate another 4 percent increase in this decade.

As well, we have an historic agreement with the Alberta Medical Association, to the credit of practitioners across our province, which provides a predetermined limit on medical expenditures. A predictable budget gives us the discipline to examine the effectiveness of the delivery of services, and I thank our physicians in this province for the work they've done to get us to this point.

I believe in the positive effect of limits. It focuses our mind on what is important. Answers in the health system will be found in ensuring that appropriate and effective care is delivered and not just in cost sharing with the public or in seeking new sources of revenue. That doesn't provide the discipline. New revenue doesn't create discipline; managing expenditures creates the discipline. Funding reforms like the acute care funding plan and the long-term care case mix index allow us to target dollars to where they are needed most. We are reallocating in Alberta, not just adding resources, and this is a positive discipline.

Three areas will receive special attention this year in the Health budget. Home care continues to be a priority and must be a priority and will receive a 9.4 percent increase this year to $73 million to demonstrate our commitment to promoting independence. Children's health is a primary concern, and in addition to general increases for immunization, funding will be provided to allow all children over the age of two months to receive the hemophilus B vaccine. We anticipate that this very severe disease, a strain of meningitis in children under five years, will be almost completely eliminated in Alberta. Funding for the immunization program will increase by 4.3 percent or $l.6 million.

Alberta Health in co-operation with Family and Social Services, the Solicitor General, and the Women's Secretariat will be contributing $450,000 to the provincial initiative on family violence through services for victims and perpetrators of family violence. Obviously the issue's solution is not found in government programs alone, but hopefully the initiatives we're taking this year will increase the awareness and turn around some of the attitudes that are so fundamental to getting rid of the scourge of family violence.

Over $175 million will be spent for continuing the design and redevelopment of facilities including the Holy Cross and the Calgary General hospital in Calgary, the Royal Alexandra and the Cross Cancer Institute in Edmonton. We will also proceed with a limited number of previously deferred capital projects.

As our health care needs change, Mr. Chairman, capital needs also require re-examination. I'm pleased to say that in the past year several communities have agreed to changes in their capital projects which better reflect the contemporary health care requirements and our fiscal realities. In other words, those communities have changed what was already committed to them by this government, by their own voluntary efforts, in order to ensure that health dollars are being spent in the most appropriate way. Capital projects will only be approved if they are found to be necessary through that role statement process. That is a big change, and that is the commitment of our health sector.

Mr. Chairman, provinces across Canada face new fiscal realities. In Alberta this government's 1992-93 budget gives us a year to plan, a year to work in partnership with health service providers to plan out over a longer term in order that all Albertans can help reshape our health system for the future. This is a year of opportunity for the health system, and I welcome any comments and questions from hon. members.